

No one knows how many people develop serious alcohol and drug problems to cope with the legacy of abuse, but anecdotal evidence – and common sense – would suggest that it's a large number. **David Gilliver** hears from two organisations that are trying to help

Back in January we ran a feature on the courses being offered by the Southmead Project in Bristol, in partnership with the Training Exchange, to equip drugs workers with the necessary skills for when their clients disclose that they have been victims of sexual abuse (DDN, 26 January, page 14).

The Southmead Project has received a good deal of interest since the article was published, something which chief executive Mike Peirce believes is testament to how overlooked issues of abuse and trauma are in the drugs field, as well as the appetite among many practitioners to do something about it. 'It was quite an overwhelming response, and the very fact that it was from people from all over the country was self-explanatory – we had the NHS, detox units, prisons, all sorts,' he says.

It goes without saying that disclosure is difficult. According to the NSPCC, 16 per cent of children aged under 16 experience some kind of sexual abuse during childhood, with three-quarters of them not telling anyone about it at the time – a third will still not have told anyone by early adulthood. However, when people do finally summon the strength to talk about these issues, it's essential that drug and alcohol staff are able to deal with them properly.

Delegates from across the country attended the project's two-day *Anchoring trauma* course for practitioners, with another scheduled for December. 'The feedback was brilliant,' says Mike Peirce. 'The overriding message was that it was about time that this

type of training was made available – this is from frontline drug workers.' They'll also be delivering the training in prison, starting with HMP Downview next year.

Does he feel the size of the response was indicative of how these issues are overlooked at treatment level? 'The frontline workers are fully aware of what's going on but they know their agencies can't or won't do anything about it, because they don't get the funding,' he says. 'The reality of the situation is not getting back to government think tanks, so policies aren't geared up to include it. They're more aimed at harm minimisation. That's not a cosmetic approach – that would be unfair to drug and alcohol workers – but we're looking at the presenting problem while all the other stuff underneath is going on as much as it's ever been.'

Part of Southmead Project's mission statement is a belief that anything that doesn't address these underlying issues simply amounts to a sticking plaster. 'We can do whatever we like, and CBT and all the other interventions are useful, but unless we're able to determine that what happened in the formation of people's identities need not be the guiding force in later life – that it can be addressed, that people can come to terms with their trauma and be emancipated, there's far more of a chance of relapse. We all know we need the harm minimisation strategy – without it we'd be in even more of a pickle. But we have to look at the consequences if it doesn't include strategies that go that bit further – what are we doing in terms of prevention?'

Duncan Craig is the founder of Survivors

Manchester, a support organisation for male survivors of sexual abuse and rape. He also works for Lifeline's community detox team in the city and spent six years in a needle exchange and harm reduction centre, so he knows all about the links between abuse and substance misuse. Does he feel it's something that remains largely under the radar? 'Absolutely,' he says. 'It's under-reported and under-researched. The only thing that people seem to try to get statistics for are actual disclosures – what we know from that, from the British Crime Survey and the other crime surveys, is that one in seven men will be victims of sexual abuse and one in four women. Most researchers say that's a conservative estimate because it doesn't take into account how many men don't report, because of a whole host of emotional issues – guilt, shame and the way society expects men to be.'

Department of Health figures state that up to 60 per cent of patients in mental health facilities have been either physically or sexually abused as children. Substance misuse is one of the most frequently reported long-term mental health consequences of abuse, but comparable figures for people in drug and alcohol services remain hard to come by.

'I've never found any,' says Duncan Craig. 'I think it's down to fear on the practitioners' side – of "what the hell do we do with this?" We know that if somebody doesn't report at the point of trauma, for want of a better word, that on average women will take around three years to disclose, while men will take between seven and 14 years. We have a problem with men accessing mental health services and GP services in this country, so they're not getting help anyway, and on top of that they're certainly not going to get help to reveal that they've been abused as children or raped in their teenage years. Seven to 14 years is a hell of a long time to maintain unhealthy practices to cope, which is often drugs and alcohol – to forget, to push away those horrible feelings.'

He knows this all too well, as a survivor of abuse himself. 'I know what my coping mechanisms were, and they weren't healthy by any stretch of the imagination,' he says. 'So what happens is that nobody addresses these issues in drug services. Drugs workers, especially in prescribing, don't have time to sit down

UNSPOKEN TRUTHS

and talk and many workers don't know how to handle disclosure – it can be a terrifying thing to be faced with. So you get people going through treatment, but – if the reason they're taking drugs in the first place is to forget – when you remove the drugs in detox the memories come back even more raw than before.'

Even putting compassion to one side, it seems obvious from an economic standpoint that ignoring these issues is storing up problems for the future. 'From a cold, hard business point of view, if it's costing something like £3,000 for a ten-day detox and nobody's addressing the root cause of why someone's using drugs – if that is childhood sexual abuse – aren't we just throwing money out the window?' says Duncan Craig. 'That person is going to go back and use drugs because this can of worms has been opened and the professional didn't know how to manage it. I hear that so much from the people I come into contact with.'

Both stress that the key thing is for disclosure to be encouraged and, once people have finally managed to summon that strength to disclose, for them to be believed – something the Southmead courses consistently reinforce. Duncan Craig feels that in many ways the social care sector is actually afraid of the issue. 'I've been on training courses where it's been mentioned and then it's been silenced. We all know that abuse and rape happens in silence and secrecy, and professionals absolutely should not be perpetuating this attitude of "we don't want to know".'

Mike Peirce believes that acknowledgement, at least, of the issue is finally starting to spread. 'We're at the crucial point where awareness is growing, bolstered by increasing alarm about what's happening with young children in our country, the dysfunction, the cycle of abuse,' he says. 'But again we don't have enough information. What we do have is information on the impact of things like domestic violence from Childline and other organisations.

Continued over →

'If it's costing something like £3,000 for a ten-day detox and nobody's addressing the root cause of why someone's using drugs – if that is childhood sexual abuse – aren't we just throwing money out the window? That person is going to go back and use drugs because this can of worms has been opened and the professional didn't know how to manage it.'

'There are bits and pieces of information, so we're beginning to pick up the threads of what's available, highlight the gaps in services and try and make some sense of it, but knowing full well we need more research and more resources.'

Indeed, both organisations are finding resources to be a crucial issue. At the moment Survivors Manchester gets by on no funding whatsoever, fitting it around work commitments, while the Southmead Project only has lottery funding in place, alongside some contributions from private donors. 'Like many charities at the moment we're facing a problem staying afloat,' says Mike Peirce. 'The economic situation has compounded it, but the thing is we're true to our specialism, which is looking at something others have chosen not to look at. We spend our time and energy raising this topic and beginning to gather evidence around it, and it's not the most popular of concepts. We haven't been mainstreamed – which is something the topic needs – so we've had to rely on the short-termism of funding bids, which is not appropriate to the subject matter.'

Survivors Manchester, meanwhile, has learned how to make the most of minimal means. 'It's mostly done online,' says Duncan Craig. 'There's the website where people can get information, one-to-one online support and telephone support, and we do see people face-to-face – we can meet in a coffee shop and we're also lucky enough to have the use of counselling rooms at the Lesbian and Gay Foundation in Manchester. With technology now, someone can remain anonymous and get information and help off the internet. There's something about allowing someone to go at their pace, retain anonymity and keep control – they then become empowered enough to speak out.'

In the long term he'd like the service to become a full-time agency with its own premises, offering one-to-one counselling alongside peer support group work and prison work, but at the moment it's essentially him alongside a board that includes a social worker, a lawyer, a female therapist, a female survivor and the partners of survivors. 'It's a fantastic skills set,' he says.

What was the response like when they launched – were they overwhelmed? 'To begin with,' he says. 'Not just survivors, but professionals in hostels, supported housing, drugs workers, mental health workers, all wanting to know how to refer people. At first we thought we wouldn't be able to cope, but once we started telling them to give the clients the information and let them come to us themselves we noticed there were fewer emails but the website statistics went through the roof. It became obvious that lots of survivors are using the internet to get help, then once they feel confident enough they're contacting us and asking for it.'

At a policy level he'd like to see investment by government and by drug and alcohol strategy teams in these specialist services. 'We don't have funding and I've found myself the person that care managers and drugs workers now come to when they have a disclosure,' he says. 'There has to be some good joined-up working and some serious training. You can't have someone who doesn't really know what they're doing opening this can of worms and asking

'We don't have enough information. There are bits and pieces... we're beginning to pick up the threads of what's available, highlight the gaps in services and try and make some sense of it, but knowing full well we need more research and more resources.'

the wrong questions, because that causes harm.'

Mike Peirce says it comes down to the 'three As': 'The first is awareness,' he says. 'Then acknowledgement – the most difficult thing in recovery is to acknowledge what drugs are doing to you, but we need to work at gaining the acknowledgement from policy makers that unless we grasp this nettle we're just going to continuously inherit problems and today's youngsters are going to be tomorrow's addicts. The last A is action – that comes a lot easier when the other two are in place.'

On the subject of acknowledgement, next year he'll receive an honorary degree from the University of Bristol – does he see this as symbolic of the issue perhaps starting to gain more recognition? 'Very much,' he says. 'The university is as aware as anyone of the need for more research. It gives us credibility as a small agency to be linked with a major university, but it's invaluable from their research viewpoint to have contact with a community-based agency.'

The project's work was evaluated by the university and published as a 2007 book *Trauma, drug misuse and transforming identities* by Prof Kim Etherington. This year Greece's main drugs agency, Kethea, which offers treatment to more than 3,000 clients across 70 centres, requested the book be translated into Greek and approached Prof Etherington to run a course on trauma and drug misuse for them, which will take place later this year.

Southmead also has its own specialist counselling service for survivors of abuse, Touchstone 165. 'We had our AGM a couple of weeks ago and a client spoke out who had been sexually abused at three, and continually through her childhood. She developed alcohol problems at thirteen, opiate problems in her late teens, and she's turned her life around. She's now got a very good job indeed abroad – her confidence is there, and all the self-esteem we see with people in recovery who are moving on in their lives. They're able to move on without the clutter that abuse gives you.'

'But in a city the size of Bristol there are still very few consistently-funded dedicated domestic abuse projects,' he continues. 'When we consider the millions we spend on putting a sticking plaster over

the wound, when what's underneath is still festering and hardly likely to go away. There are children in unsafe environments and, sadly, many of them will be tomorrow's alcoholics and addicts. Eighty per cent of Southmead's clients have had domestic abuse-related incidents – one or more of sexual, physical or emotional abuse or domestic violence.'

Recently, however, Southmead has been working with Bristol City Council community safety team to look at opportunities for collaboration. 'That's enormously encouraging – if we can have an input into strategies then we can perhaps produce models to be used in other communities across the country, so the door is open and it's up to us to think carefully about how we can develop strategically. It's time to grasp this and take it forward.'

It seems to be common sense that when people do summon the strength to discuss these kind of issues, that those in the drugs field should be able to deal with them sensitively and appropriately. 'I can't stress enough how painful it is to disclose, to get there – how brave people have been,' says Duncan Craig. 'But also if they're listened to, believed and worked with properly how empowering that is for them. They finally get to break the silence, to move forward and begin to make their own positive and healthy life choices. The key to all this is allowing someone the space to say it in their own time and their own words, facilitating a safe space to talk, not pushing them.'

'If we're supporting someone in treatment shouldn't we be giving them the best possible chance? If they've made the effort to go into treatment and jump through all those hoops, I think we need to give them that. I'm always surprised by how many counsellors say "this is just too big, too scary" If we're not addressing these specialist issues, we're setting clients up to fail.'

www.survivorsmanchester.org.uk
Email: info@survivorsmanchester.org.uk

For more information on the courses offered by the Southmead Project contact jo@trainingexchange.org.uk